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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125800004	C	ITY OR TOWN	SWANSEA	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: HOY TIN REST	Γ., INC.			
DOING BUSINESS A				
ADDRESS 630 GAR HGWY				
CITY/TOWN: SWANSEA	STATE: MA	ZIP CODE:	02777	
MANAGER: CHAN, SIMON F. 7	TYPE OF LICENSE: Restau	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREI CONSISTING OF A SINGLE STORY OFFICE AND ONE ROOM FOR STO I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open SIGNED BY: Individual, Part	Y CINDER BLOCK WITH DRAGE, THREE ENTRAN ties of perjury that: of the same type for the san with all laws of the Common	DINING ROOM NCES AND EXIT me premises now nwealth relating to below) te Officer EMPLOYER	S. licensed; taxes; and	ION NUMBER:
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head of	f the fire departn	nent for the	above named
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(II disupprovod explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125800007		CITY OR TOWN	SWANSEA	\
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: SWANSEA LOUNG	E, INC.			
DOING BUSINESS A VENUS DE MILO				
ADDRESS 75 GAR. HGWY RTE 6				
CITY/TOWN: SWANSEA	STATE: MA	ZIP CODE:	02777	
MANAGER: ABDALLAH, TYPE ALAN P.	E OF LICENSE: Resi	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTION OF LICENSED PREMISE				
ONE STORY BLDG. WITH 5 BANQUET	ROOMS WITH A	N EXT. OF ATHEN	NA BALLRO	OM.
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of th	e same type for the	same premises now	licensed;	
2. the licensee has complied with a	ll laws of the Comm	onwealth relating to	o taxes; and	
3. the premises are now open for be	usiness (If not expla	in below)		
SIGNED BY:				
Individual, Partner o	r Authorized Corpor	rate Officer		
DATE: TELEPHONE	NI IMRER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
TEELITIONE	NOWIDEK.	(Note: NOT Ind	lividual Social S	ecurity Number)
We the undersigned, attest that we are in				
Acts of 2004, signed by the building insp license and (2) the certificate of liquor lia				
Please Check Below:	·			
APPROVED:		LOCAL LICENS	SING AUTHO	DRITY
DISAPPROVED:		By:		
(If disapproved explain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125800008		CITY OR TO	WIN SWAINSEA	4
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: KENT'S INC.				
DOING BUSINESS	SA				
ADDRESS 1675 GI	RAND ARMY HWY				
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP CODE	E: 02777	
MANAGER: LEC	ONARD, TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
1 FLOOR, DINING	ROOM, LOUNGE,	BAR, KITCHEN. RE	ESTROOMS, 3 I	EXITS.	
I hereby certify and	swear under penalties	s of perjury that:			
1. the renev	wed license will be of	the same type for the	same premises	now licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relati	ng to taxes; and	
3. the prem	ises are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO	$\underline{\Gamma}$ Individual Social S	Security Number)
*** 41 1 1	1 44 441 4				204 64
	ed, attest that we are ed by the building in				
	certificate of liquor				
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved expl	lain)				
			-		
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 125800009		CITY OR TOWN SWANS	EA
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: CATHAY PEARL,	INC.		
DOING BUSINES	S A CATHAY PEARI	RESTAURANT		
ADDRESS 2416 G	GRND.ARMY HGWY.			
CITY/TOWN: SW	VANSEA	STATE: MA	ZIP CODE: 02777	
MANAGER: CH	U, SHEE WANG TYP	E OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION O	F LICENSED PREMIS	SES:		
	KITCHEN, 2 DINING , ADDITION FUNCTION		MS, 2ND. FL. 1 MAIN ENT TIO.	RANCE, 5
I hereby certify and	d swear under penalties	of perjury that:		
1. the rene	ewed license will be of t	he same type for the s	ame premises now licensed;	
2. the licer	nsee has complied with	all laws of the Commo	onwealth relating to taxes; and	d
3. the pren	mises are now open for	business (If not explai	n below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	l Security Number)
We the undersign	ed, attest that we are	in possession (1) the	certificate required by Cha	pter 304 of the
			of the fire department for the	
ncense and (2) the	e certificate of fiquor i	nability insurance re	quired by Chapter 116 of th	e Acts of 2010.
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	lain)			
(ii disappioved exp	, init			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 125800010		CITY OR TOWN	SWANSEA
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: VETERANS	OF FOREIGN WARS	POST #2045	
DOING BUSIN	NESS A			
ADDRESS 130	O MAIN ST.			
CITY/TOWN:	SWANSEA	STATE: M	A ZIP CODE:	02777
MANAGER:	YELLAND, HERBERT	TYPE OF LICENSE:	Veterans club Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	N OF LICENSED PR			
1 FLOOR MEI	ETING HALL WITH	I CANTEEN, RESTRO	OMS, KITCHEN AND	OFFICE.
I hereby certify	and swear under per	nalties of perjury that:		
		be of the same type for		
2. the 1	licensee has complied	d with all laws of the Co	ommonwealth relating to	o taxes; and
3. the 1	premises are now ope	en for business (If not ex	xplain below)	
SIGNED BY:				
	Individual, P	artner or Authorized Co	orporate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
*** 41 1	• 1 44 441 4	. (1)	.1 .00 .	11 (1 4 204 64
				ed by Chapter 304 of the ment for the above named
				r 116 of the Acts of 2010.
Please Check Belo	DW:		LOCALLICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		,	
(If disapproved	l explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER.	125800011	(CITY OR TOWN	SWANSEA	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 201	3
		CLASS		Y	YEAR
LICENSEE NAME:	PALMER RIVER GOLI	FCLUB, INC.			
DOING BUSINESS A	SWANSEA COUNTR	Y CLUB			
ADDRESS 299 MARI	KET				
CITY/TOWN: SWA	NSEA S	TATE: MA	ZIP CODE:	02777	
MANAGER: DOYL LAWR	E, TYPE OF	F LICENSE: Resta	aurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES:				
ROOM 70' X 40' DRO	LOUNGE 30' X 40', FRC ONT DOOR & SIDE DO Γ. COVERED 50% BY A	OR, ALL EXITS	& ENTRANCES	ONTO MARK	
I hereby certify and sw	ear under penalties of pe	erjury that:			
1. the renewed	d license will be of the sa	me type for the sa	ame premises now	licensed;	
	has complied with all la		ě	o taxes; and	
3. the premise	s are now open for busin	ess (If not explain	n below)		
SIGNED BY:	Individual, Partner or A	uthorized Corpora	ate Officer		
	Individual, Partner or A	uthorized Corpora	ate Officer		
	Individual, Partner or Andrews or Andrews NU		EMPLOYER	R IDENTIFICATIO	
DATE: We the undersigned, Acts of 2004, signed	·	UMBER: ossession (1) the or and the head	EMPLOYEF (Note: <u>NOT</u> Ind certificate require of the fire depart	lividual Social Sec ed by Chapter ment for the a	eurity Number) 204 of the bove named
DATE: We the undersigned, Acts of 2004, signed license and (2) the ce	TELEPHONE NU attest that we are in po by the building inspecto	UMBER: ossession (1) the or and the head	EMPLOYEF (Note: <u>NOT</u> Ind certificate require of the fire depart	lividual Social Sec ed by Chapter ment for the a r 116 of the A	304 of the bove named cts of 2010.
DATE: We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED:	TELEPHONE NU attest that we are in po by the building inspecto	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departing the de	lividual Social Sec ed by Chapter ment for the a r 116 of the A	304 of the bove named cts of 2010.
DATE: We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NU attest that we are in po by the building inspecto rtificate of liquor liabil	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departed by Chapte LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a r 116 of the A	304 of the bove named cts of 2010.
DATE: We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED:	TELEPHONE NU attest that we are in po by the building inspecto rtificate of liquor liabil	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departed by Chapte LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a r 116 of the A	304 of the bove named cts of 2010.
DATE: We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE NU attest that we are in po by the building inspecto rtificate of liquor liabil	UMBER: ossession (1) the or and the head	EMPLOYER (Note: NOT Indicertificate require of the fire departed by Chapte LOCAL LICENS	lividual Social Sec ed by Chapter ment for the a r 116 of the A	304 of the bove named cts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	ABER: 125800012		CITY OR TOWN SW	ANSEA
APPLICATION	FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSIN	ME: AMERICAN LEC IESS A OCEAN GROVE AVE.	JION INC OF SWAN	SEA POST #303	
CITY/TOWN:	SWANSEA	STATE: MA	ZIP CODE: 02'	777
MANAGER:	Banville, Donald H. TY	TE OF LICENSE: Ve	terans club CATEO	GORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMI	ISES:		
			EAR MEMBER'S ROOM S THREE ROOMS, ONE	
I hereby certify	and swear under penaltie	es of perjury that:		
1. the r	enewed license will be of	f the same type for the	same premises now licen	sed;
2. the la	icensee has complied with	h all laws of the Com	nonwealth relating to taxe	es; and
3. the p	premises are now open for	r business (If not expl	ain below)	
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDEN	NTIFICATION NUMBER:
			(Note: NOT Individua	l Social Security Number)
Acts of 2004, s	igned by the building in	spector and the head	e certificate required by d of the fire department required by Chapter 116	for the above named
Please Check Belov	<u>w:</u>		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	слріані)			
DATE				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. C	Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: OCEAN TAVERN INC. DOING BUSINESS A HAPPY CLAM ADDRESS 378 OCEAN GROVE AVE. CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: BRITLAND, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol JOANNE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG, LOT ON BLUFF AVE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DATE:	LICENSE NUMB	BER: 125800014		CITY OR TOWN	SWANSEA
LICENSEE NAME: OCEAN TAVERN INC. DOING BUSINESS A HAPPY CLAM ADDRESS 378 OCEAN GROVE AVE. CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: BRITLAND, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol JOANNE EMAIL ADDRESS: FLASK ALSO VINT OUR WEISTIK AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA WBAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. 1 the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below; APPROVED: DISAPPROVED: DISAPPROVED: UICH MANAGER: MART AND ALL ADDRESS: DOE TO THE ALL ADDRESS: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY	APPLICATION F	FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
DOING BUSINESS A HAPPY CLAM ADDRESS 378 OCEAN GROVE AVE. CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: BRITLAND, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol JOANNE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA WBAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. 1 the renewed license will be of the same type for the same premises now licensed; 2. the licensec has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain]			CLASS		YEAR
ADDRESS 378 OCEAN GROVE AVE. CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: BRITLAND, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol JOANNE EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA WBAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. 1 the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below; APPROVED: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY By: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY BY: LOCAL LICENSING AUTHORITY	LICENSEE NAM	E: OCEAN TAY	VERN INC.		
CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: BRITLAND, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol JOANNE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	DOING BUSINES	SS A HAPPY CL	AM		
MANAGER: BRITLAND, JOANNE EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA W/BAR & 25 STOOLS, & TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. 1 thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	ADDRESS 378 O	CEAN GROVE A	AVE.		
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)	CITY/TOWN: S	WANSEA	STATE: MA	ZIP CODE:	02777
DESCRIPTION OF LICENSED PREMISES: I LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: [If disapproved explain)			TYPE OF LICENSE: R	estaurant CAT	EGORY: All Alcohol
DESCRIPTION OF LICENSED PREMISES: 1 LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	EMAIL ADDRES	SS:			
1 LARGE OPEN AREA W/BAR & 25 STOOLS, 8 TABLES WITH 4 SEATS AND 1 TABLE WITH 10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:		PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
10 SEATS, KITCHEN, ONE ENTRANCE/EXIT SOLELY OCEAN GROVE AVE. & BLUFF AVE. AND ONE ENTRANCE/EXIT INTO PKG. LOT ON BLUFF AVE. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UICH disapproved explain)	DESCRIPTION C	OF LICENSED PE	REMISES:		
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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain)	I hereby certify an	nd swear under per	nalties of perjury that:		
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SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	2. the lice	ensee has complie	d with all laws of the Cor	nmonwealth relating to t	axes; and
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED:	3. the pre	mises are now ope	en for business (If not ex	plain below)	
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Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) LOCAL LICENSING AUTHORITY By: UISAPPROVED: UISAPPROV		TELEI	HONE NUMBER.	(Note: NOT Indivi	dual Social Security Number)
APPROVED: By: DISAPPROVED: (If disapproved explain)	Acts of 2004, sig	ned by the buildi	ng inspector and the he	ad of the fire departme	ent for the above named
DISAPPROVED: (If disapproved explain)		_		LOCAL LICENSIN	IG AUTHORITY
(If disapproved explain)				By:	
DATE:	(ii disapproved ex	ipidili)			
DATE:					
	DATE:			_	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125800016		CITY OR TOWN	SWANSEA
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	: WAMPANOAG GO S A WAMPANOAG C D PROVIDENCE	OLF COURSE LL	C	ILAK
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP CODE:	02777
MANAGER: RUG JOS	GGIERO, TYP: EPH	E OF LICENSE:R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS	
	LICENSED PREMIS			OD GEODAGE
	A ONE STORY BLDG ND FOUR ENTRANC		WITH FIVE FEET F	OR STORAGE
2. the licens	wed license will be of the see has complied with a sises are now open for be a sises. Individual, Partner of	all laws of the Con ousiness (If not exp	nmonwealth relating to	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	ed by the building ins	pector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125800017	'	CITY OR TOWN SWA	INSEA
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	TOUISSET COUN	TRY CLUB, INC.		
DOING BUSINESS	A TOUISSET COU	NTRY CLUB - CLUE	BHOUSE	
ADDRESS 221 PEA	ARSE RD.			
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP CODE: 0277	7
MANAGER: GAL	USZKA,DAWNTYI	PE OF LICENSE: Rest	aurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF				
		SERVING, TWO FOR	R STORAGE.	
	swear under penalties	1 0 0		1.
		* *	same premises now license	
	-		onwealth relating to taxes;	and
5. the premi	ses are now open for	business (If not explain	iii delow)	
SIGNED BY:	Individual Partner	or Authorized Corpor	rate Officer	
	marviduai, i artiici	of Authorized Corpor	ate Officer	
DATE:	THE HOUSE	T	EMDLOVED IDENT	IFICATION NUMBER:
DATE.	TELEPHON	E NUMBER:	(Note: NOT Individual S	
				•
			certificate required by C	
Acts of 2004, signed	d by the building in	spector and the head	of the fire department fo	r the above named
Acts of 2004, signed license and (2) the	d by the building in	spector and the head	of the fire department fo quired by Chapter 116 o	or the above named f the Acts of 2010.
Acts of 2004, signed license and (2) the Please Check Below:	d by the building in	spector and the head	of the fire department for quired by Chapter 116 o LOCAL LICENSING A	or the above named f the Acts of 2010.
Acts of 2004, signed license and (2) the	d by the building in	spector and the head	of the fire department fo quired by Chapter 116 o	or the above named f the Acts of 2010.
Acts of 2004, signed license and (2) the Please Check Below: APPROVED:	d by the building inscertificate of liquor	spector and the head	of the fire department for quired by Chapter 116 o LOCAL LICENSING A	or the above named f the Acts of 2010.
Acts of 2004, signed license and (2) the operation of the Please Check Below: APPROVED: DISAPPROVED:	d by the building inscertificate of liquor	spector and the head	of the fire department for quired by Chapter 116 o LOCAL LICENSING A	or the above named f the Acts of 2010.
Acts of 2004, signed license and (2) the operation of the Please Check Below: APPROVED: DISAPPROVED:	d by the building inscertificate of liquor	spector and the head	of the fire department for quired by Chapter 116 o LOCAL LICENSING A	or the above named f the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125800018		CITY OR TOWN SWANSEA
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RUBY TUESDA	AY, INC	
DOING BUSINESS A RUBY TUESI	DAY	
ADDRESS 270 RTE. 118,SWANSEA	MALL	
CITY/TOWN: SWANSEA	STATE: MA	ZIP CODE: 02777
MANAGER: BRANCO, HERMAN JR	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREM	MISES:	
5,185 SQUARE FEET WITH DINING RECEPTION AREA AND TWO ENT		FICE STORAGE ROOMS, BAR,
2. the licensee has complied w 3. the premises are now open a SIGNED BY: Individual, Part		in below)
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above named quired by Chapter 116 of the Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disupprovod explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 125800021		CITY OR TOW	N SWANSEA	1
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BEATRICE T. SI	MONS			
DOING BUSINESS	A SIMPLY SIMO	NS			
ADDRESS 481 WIL	BUR AVE.				
CITY/TOWN: SWA	ANSEA	STATE: MA	ZIP CODE:	02777	
MANAGER: SIMO BEA	ONS, TY TRICE T.	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
:	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMI	ISES:			
1 FLOOR, THREE R	ROOMS (KITCHEN	I, BAR, DINING ARE	EA) AND A CEL	LAR.	
I hereby certify and s	wear under penaltie	s of perjury that:			
		f the same type for the	•		
2. the license	ee has complied with	h all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the premis	ses are now open for	r business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	l by the building in	e in possession (1) the aspector and the head liability insurance re	of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)		-		
			-		
DATE.			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125800022		CI	TY OR TOW	N SWANSEA	A
APPLICATION FOR	RENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A	_	•	NE AND S	SPIRITS		
ADDRESS 580 G.A.R	. HIGHWAY					
CITY/TOWN: SWA	NSEA	STATE:	MA	ZIP CODE:	02777	
MANAGER: Le, Nh	an Van TY	PE OF LICEN	SE:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR W	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:				
NO BASEMENT, TW ENTRANCE, ONE RI		'AL PLANNEI	O FLOOR S	SPACE IS 745	0 SQ FT. ONE	E
2. the licensee 3. the premise SIGNED BY:	d license will be of thas complied with as are now open for Individual, Partne	h all laws of the business (If n	e Common ot explain b	wealth relating pelow)		
	marviduai, Farme	i oi Aumonzeo	i Corporate	Officer		
DATE:	TELEPHON	NE NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			OCAL LICEN	NSING AUTHO	ORITY
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 125800026		CITY OR TOWN	SWANSEA	
APPLICATION 1	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAM	ME: SEEKONK LIQU	ORS,INC.			
DOING BUSINE	ESS A CHRIS GASBAI	RROS FINE WINE &	SPIRITS		
ADDRESS 27 M	ARKET STREET				
CITY/TOWN: S	SWANSEA	STATE: MA	ZIP CODE:	02777	
	ASBARRO,CHRISTY OPHER	PE OF LICENSE: Pac	ekage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION (OF LICENSED PREMI	SES:			
2 ROOMS, NO C AT REAR OF BI	CELLAR; CUSTOMER LDG.	ENTRANCE IN FRO	ONT OF BUILDING	AND DELI	VERY
	ensee has complied with emises are now open for		•	taxes; and	
SIGNED BY:	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	:		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125800027		CI	TY OR TOWN	SWANSEA	A
APPLICATION FOR I	RENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	OCEAN GROVE L	IQUORS LL	С			
DOING BUSINESS A	TOWNE LIQUOR	RS				
ADDRESS 391 WILB	UR AVE					
CITY/TOWN: SWAN	NSEA	STATE:	MA	ZIP CODE:	02777	
MANAGER: SIDHU	J, NAVDEEP TYP	E OF LICEN	SE:Packaş	ge Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						7
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	ES:				
STREET LEVEL FLO BASEMENT LEVEL					ROOMS FOR	STOCK;
I hereby certify and sw	ear under penalties	of perjury tha	ıt:			
1. the renewed	license will be of t	he same type	for the sar	ne premises nov	w licensed;	
2. the licensee	has complied with	all laws of the	e Common	wealth relating	to taxes; and	
3. the premise	s are now open for l	ousiness (If n	ot explain	below)		
SIGNED BY:						
	Individual, Partner	or Authorized	l Corporat	e Officer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT In	ndividual Social S	ecurity Number)
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:	7]	Ву:		
(If disapproved explain)) 					
, II	,					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS CLASS YEAR LICENSEE NAME: WILLABY'S BILLIARDS, LTD DOING BUSINESS A ADDRESS 1199 G.A.R. HIGHWAY CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: GOLDSTEIN, TYPE OF LICENSE:Restaurant EMAIL ADDRESS: PLEASE ALSO VISIT OUR WERSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBIR (Note: NOT Individual Social Security Numbil Consense of 2004, signed by the building inspector and the head of the fire department for the above madicense and (2) the certificate of liquor liability insurance required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above madicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2005 Please Check Below: APPROVED: DISAPPROVED: UICAL LICENSING AUTHORITY By: DISAPPROVED: UICH MANAGER: DISTRICTION NUMBER: LOCAL LICENSING AUTHORITY By: DISAPPROVED: UICH MANAGER: DISTRICTION SWANGER THEAD ARTHORITY ADDRESS THEAD ARTHORITY	LICENSE NUMBER:	125800033		CITY OR TOWN	SWAINSEA	1
LICENSEE NAME: WILLABY'S BILLIARDS, LTD DOING BUSINESS A ADDRESS 1199 G.A.R. HIGHWAY CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: GOLDSTEIN, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohoscott Scott EMAIL ADDRESS:	APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20)13
DOING BUSINESS A ADDRESS 1199 G.A.R. HIGHWAY CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: GOLDSTEIN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoft SCOTT EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA, 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nar license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004 Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:			CLASS			YEAR
ADDRESS 1199 G.A.R. HIGHWAY CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: GOLDSTEIN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcof SCOTT EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nanificense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, signed by the Duilding inspector and the head of the fire department for the above nanificense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, Signed by the Duilding inspector and the head of the fire department for the above nanificense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2004, Signed by Chapter 116 of the Acts of 2004 and Chapter 116 of the Acts of 2004 an	LICENSEE NAME:	WILLABY'S BILLIA	ARDS, LTD			
CITY/TOWN: SWANSEA STATE: MA ZIP CODE: 02777 MANAGER: GOLDSTEIN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh SCOTT EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2005. Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:	DOING BUSINESS A	L				
MANAGER: GOLDSTEIN, TYPE OF LICENSE:Restaurant CATEGORY: All Alcoh SCOTT EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBIR (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Cheek Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED:	ADDRESS 1199 G.A.	R. HIGHWAY				
EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)	CITY/TOWN: SWAN	NSEA	STATE: MA	ZIP CODE:	02777	
DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT, PATIO AREA, 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBI (Note: NOT Individual Social Security Numble (Note: NOT Indi		*	OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
DESCRIPTION OF LICENSED PREMISES: ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBIR (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nat license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:	EMAIL ADDRESS:					1
ADDING 40 X 10 FT. PATIO AREA. 5000 S/F COMMERCIAL SPACE WITH BILLIARD ROOM, FIVE EXITS, POOL TABLES, RESTROOMS & THREE TABLE SEATING AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above natilicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED:	PL	EASE ALSO VISIT OUR WEBS	TITE AND ENTER YOUR EM	MAIL ADDRESS		⊿
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBING (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above nanlicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: DISAPPROVED: DISAPPROVED:	DESCRIPTION OF LI	ICENSED PREMISE	S:			
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above namelicense and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012 Please Check Below: LOCAL LICENSING AUTHORITY APPROVED: By: DISAPPROVED:						ROOM,
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number of Social Social Security Number of Social Social Security Number of Social Social Social Security Number of Social	I hereby certify and sw	ear under penalties of	f perjury that:			
3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012 (Please Check Below: APPROVED: By: DISAPPROVED: By:	1. the renewed	d license will be of the	e same type for the	same premises nov	v licensed;	
SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2009 Please Check Below: APPROVED: By: DISAPPROVED:	2. the licensee	has complied with al	l laws of the Comn	nonwealth relating	to taxes; and	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: APPROVED:	3. the premise	es are now open for bu	ısiness (If not expla	nin below)		
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2019 Please Check Below: APPROVED:						
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Numbers) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2007 (Please Check Below: APPROVED: DISAPPROVED: By:	SIGNED BY:					
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012. Please Check Below:		Individual, Partner or	: Authorized Corpo	orate Officer		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012. Please Check Below:						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012. Please Check Below:						
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above name license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2000 Please Check Below: APPROVED: By: DISAPPROVED:	DATE:	TELEPHONE	NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above nan license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2012. Please Check Below:				(Note: NOT In	ndividual Social S	ecurity Number)
APPROVED: By: DISAPPROVED:	Acts of 2004, signed	by the building inspe	ector and the head	l of the fire depar	tment for the	above named
DISAPPROVED:				LOCAL LICEN	SING AUTHO	ORITY
		_		By:		
(If disapproved explain)	-					
	(If disapproved explain	n)				
DATE:	D.A.TTE					
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	25800034		CITY OR TOWN	N SWAINSEA	1
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: T DOING BUSINESS A ADDRESS 544 MILFO	THAI TASTE				
CITY/TOWN: SWANS	SEA	STATE: MA	ZIP CODE:	02777	
MANAGER: MERA,	EKAPOOM TYPE	OF LICENSE: Rest	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:	ASE ALSO VISIT OUR WEBSI				
DESCRIPTION OF LIC ONE FRONT ENTRAN ENTRANCE TO DININ	ICE, LOWER LEVE	L TO LOUNGE, (
2. the licensee h	ar under penalties of license will be of the has complied with all are now open for bu	same type for the slaws of the Comm	onwealth relating		
SIGNED BY:	ndividual, Partner or	Authorized Corpor	rate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspe	ctor and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125800035	(CITY OR TOWN SWANSE	A
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	NEWSBREAK, INC			
DOING BUSINESS	A NEWSBREAK			
ADDRESS 00579B	G.A.R. HIGHWAY			
CITY/TOWN: SWA	ANSEA	STATE: MA	ZIP CODE: 02777	
MANAGER: STALC.	NTON, JAMES TYPE	E OF LICENSE: Resta	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	AIL ADDRESS	_
	LICENSED PREMISE			
	O IN FRONT OF STO ES, ONE MAIN ENT		ARED OFF PREMISE BROUC STORE	GHT IN
I hereby certify and s	wear under penalties of	of periury that:		
	-		ame premises now licensed;	
2. the license	ee has complied with a	all laws of the Commo	onwealth relating to taxes; and	
3. the premis	ses are now open for b	usiness (If not explain	n below)	
SIGNED BY:			0.00	
	Individual, Partner of	or Authorized Corpora	ate Officer	
DATE:			EMPLONED IDENTIFICATI	ENON MAIN (DED
DATE.	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
			certificate required by Chapt of the fire department for the	
			of the fire department for the quired by Chapter 116 of the	
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved expla	nin)			
DATE:				
DATE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125800038		CITY OR TO	WN SWANSEA	A
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 207 SW	A				
CITY/TOWN: SW		STATE: MA	ZIP CODI	E: 02777	
MANAGER: MCI		ΓΥΡΕ OF LICENSE:P		CATEGORY:	All Alcohol
EMAIL ADDRESS: DESCRIPTION OF	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
		HIGHWAY. STORA	GE IN BACK		
2. the licens	see has complied vises are now open	of the same type for the vith all laws of the Corfor business (If not expense)	nmonwealth relat		
	marviduai, i air	inci of Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT $f T$ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 125800039		CITY OF	R TOWN	SWANSEA	1
APPLICATION FOI	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	TICKLE'S CC	OUNTRY SHOPPE, INC	C			
DOING BUSINESS	A TICKLE'S C	OUNTRY SHOPE				
ADDRESS 2219 GA	AR HIGHWAY					
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP	CODE:	02777	
MANAGER: TICH	KLE, LYNN	TYPE OF LICENSE: F	estaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRES	S		
DESCRIPTION OF			E CEDAUNG	T DACTO	SZ ANID SWINI	E.
	MIAINED WII	HIN A RETAIL STOR	E SEKVINC	JPASIK	1 AND WIN.	L
I hereby certify and s	1	1 0 0				
		be of the same type for the	-			
	•	with all laws of the Corn for business (If not ex-		_	o taxes; and	
3. the premi	ses are now open	ii for business (ii not ex	piani ociow)			
SIGNED BY:						
5101,25 51.	Individual, Pa	rtner or Authorized Cor	porate Offic	er		
DATE:	TELEP	HONE NUMBER:				TON NUMBER:
			(Not	e: <u>NOT</u> Inc	dividual Social S	ecurity Number)
		e are in possession (1)				
		ng inspector and the he quor liability insurance				
Please Check Below:			LOCAL	L LICENS	SING AUTHO	ORITY
APPROVED:	\neg		By:			
DISAPPROVED: [(If disapproved explain	 ain)					
(Grouppio rea expir	·/					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1258000)40	CITY OR TOWN SWANSE	A
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: WING 7	CAI CORPORATION		
DOING BUSINESS A UMI J.	APANESE STEAKHOUSE		
ADDRESS 579 GAR HIGHW	AY		
CITY/TOWN: SWANSEA	STATE: MA	ZIP CODE: 02777	
MANAGER: LI, Yo	TYPE OF LICENSE: Re	estaurant CATEGORY:	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
LOUNGE, DINING ROOM,	KITCHEN, SUNDECK FOR	OUTDOOR DINING	
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has con	aplied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are not	w open for business (If not exp	lain below)	
SIGNED BY:			
	al, Partner or Authorized Corp	oorate Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
1)	SEEF HONE NUMBER.	(Note: NOT Individual Social	
		he certificate required by Chap	
		nd of the fire department for the required by Chapter 116 of the	
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:		,	
(If disapproved explain)			
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125800042		CITY OR TOWN SWANSEA	A
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: BUFFINGTON	N MINI MART., INC.		
DOING BUSINESS A			
ADDRESS 75 BUFFINGTON STRE	ET		
CITY/TOWN: SWANSEA	STATE: MA	ZIP CODE: 02777	
MANAGER: DIAS, MARY LOU	TYPE OF LICENSE: Pac	ekage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION OF LICENSED PRE	MISES:		
3. the premises are now open SIGNED BY:	with all laws of the Comr	nonwealth relating to taxes; and ain below)	
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORS	ORITY
DISAPPROVED:		~j.	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125800043		CITY OR TOWN SWANSE	A
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
DOING BUSI				
	JAMES REYNOLDS R		57D G0DE 00555	
CITY/TOWN	: SWANSEA	STATE: MA	ZIP CODE: 02777	
MANAGER:	BHATTACHERYA, T SHYAMAL KUMAR	YPE OF LICENSE:Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
	BUILDING WITH FROM R OF BUILDING.	NT DOOR ON JAME	S REYNOLDS ROAD AND EX	IT DOOR
	premises are now open for:			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	125800044		CITY OR TOW	N SWANSEA	1
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EAST SIDE MANA	GEMENT INC.			
DOING BUSINESS A	SWANSEA SHEL	L			
ADDRESS 2345 GAR	HIGHWAY				
CITY/TOWN: SWA	NSEA	STATE: MA	ZIP CODE:	02777	
MANAGER: CARPI ANDR	INI, TYPI EW DELLI	E OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	ICENSED PREMIS	ES:			
SHELL GAS STATIO	N				
	s has complied with a s are now open for b			g to taxes; and	
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1258	00045	CITY	OR TOWN	SWANSEA		
APPLICATION FOR REN	EWAL:	Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME: SON	AL JAYESH PATEL					
DOING BUSINESS A GA	RDNERS NECK ROA	D				
ADDRESS 1255 GARDNE	ERS NECK ROAD					
CITY/TOWN: SWANSEA	STA	TE: MA Z	IP CODE:	02777		
MANAGER: PATEL,SO JAYESH	NAL TYPE OF LI	CENSE:Package S	tore Ca	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
PLEASE A	ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADD	PRESS		-	
DESCRIPTION OF LICEN	SED PREMISES:					
ONE ROOM FOR SELLIN FRONT OF STORE.ONE I				ANCE/EXIT	AT	
	now open for business		_	o taxes; and		
	ridual, Partner or Autho	orized Corporate O	fficer			
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:			CAL LICENS	SING AUTHO	ORITY	
DISAPPROVED:		By:				
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 125800046		CITY OR TOWN SWANSE	A	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME	: TWO PROULXS				
DOING BUSINESS	A BENCH WARMI	ERS			
ADDRESS 317 OC	EAN GROVE AVEN	UE			
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP CODE: 02777		
MANAGER: PRO	OULX, DEREK TYP	PE OF LICENSE: Rest	taurant CATEGORY:	: All Alcohol	
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
3536 SQARE FEET AREA48 SEATS		WELLING WITH DI	NING AREA77 SEATS ANI	O BAR	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of	the same type for the s	same premises now licensed;		
2. the licens	see has complied with	all laws of the Comm	onwealth relating to taxes; and		
3. the prem	ises are now open for	business (If not explain	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:	
			(Note: <u>NOT</u> Individual Social Security Number)		
We the undersions	ed attest that we are	in nossession (1) the	certificate required by Chap	ter 304 of the	
Acts of 2004, signe	ed by the building ins	spector and the head	of the fire department for the	e above named	
license and (2) the	certificate of liquor	liability insurance re	equired by Chapter 116 of the	Acts of 2010.	
Please Check Below:			LOCAL LICENSING AUTH	IORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 125800047	CITY OR TOWN SWANSEA			
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: APRIL ROSS				
DOING BUSINES	S A ONE HORS	E PIZZERIA AND SAL	OON		
ADDRESS 1635 C	GAR HIGHWAY				
CITY/TOWN: SV	VANSEA	STATE: MA	ZIP CODE:	02777	
MANAGER: RO	OSS,APRIL	TYPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O					
		GENTRANCE IS IN FRO M,KITCHEN IS IN BAC		G WITH SEA	ΓING
I hereby certify and	l swear under pen	alties of perjury that:			
1. the rene	wed license will b	be of the same type for the	e same premises no	w licensed;	
2. the licer	nsee has complied	with all laws of the Con	nmonwealth relating	to taxes; and	
3. the pren	nises are now ope	n for business (If not exp	olain below)		
SIGNED BY:	Individual De	outnou on Authorized Com	namata Officiam		
	marviduai, Pa	artner or Authorized Corp	oorate Officer		
DATE:			EMBI OV	ED IDENTIFICAT	EIONI NII IMBED.
DATE.	TELEP.	HONE NUMBER:	IE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social S		
			` <u> </u>		
Acts of 2004, sign	ed by the buildir	e are in possession (1) t ng inspector and the hea quor liability insurance	ad of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 125800048		CITY OR TOWN	SWANSEA	A	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NA	AME: UNWINED	A WINE BISTRO LLC				
DOING BUSI	NESS A					
ADDRESS 26	2 SWANSEA MALL	DRIVE				
CITY/TOWN:	SWANSEA	STATE: MA	ZIP CODE:	02777		
MANAGER:	WATKINSON, SANDRA	TYPE OF LICENSE:R	estaurant C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
	N OF LICENSED PR					
_	OCATED IN SWAN					
		nalties of perjury that:				
		be of the same type for th	-			
	•	d with all laws of the Com	<u> </u>	o taxes; and		
3. the	premises are now ope	en for business (If not exp	lain below)			
SIGNED BY:			G 27			
	Individual, P	artner or Authorized Corp	orate Officer			
D 4 555						
DATE:	TELEF	PHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Inc	(Note: NOT Individual Social Security Number)		
We the under	rsigned, attest that w	ve are in possession (1) th	he certificate requir	ed by Chapt	er 304 of the	
		ng inspector and the hea				
license and (2	2) the certificate of li	quor liability insurance	required by Chapte	r 116 of the .	Acts of 2010.	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVI						
(If disapproved	i expiain)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 125800049		CITY OR TOW	N SWANSEA	A	
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	: TWENTY FIVE N	ORTH LLC				
DOING BUSINESS	S A TOWNE HOUSE	E OF PIZZA				
ADDRESS 395 WI	LBUR AVENUE					
CITY/TOWN: SW	ANSEA	STATE: MA	ZIP CODE:	02777		
MANAGER: GEN CRA	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	:	-				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	EMAIL ADDRESS			
	F LICENSED PREMIS					
42 SEAT BREAKF	AST & PIZZA, 8 TA	BLES 1 BAR.				
, ,	swear under penalties					
	wed license will be of	• •	-			
2. the licen	see has complied with	all laws of the Com	monwealth relatir	ng to taxes; and		
3. the prem	nises are now open for	business (If not exp	lain below)			
SIGNED BY:						
	Individual, Partner	or Authorized Corp	orate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLO	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)			
	ed, attest that we are ed by the building ins					
	certificate of liquor					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	lain)					
DATE:						